
State:	District of Columbia	Filing Company:	Allied World Specialty Insurance Company
TOI/Sub-TOI:	20.0 Commercial Auto/20.0000 Commercial Auto Combinations		
Product Name:	Commercial Auto		
Project Name/Number:	Company Name Change/AWSIC-CA-DC-1501F		

Filing at a Glance

Company:	Allied World Specialty Insurance Company
Product Name:	Commercial Auto
State:	District of Columbia
TOI:	20.0 Commercial Auto
Sub-TOI:	20.0000 Commercial Auto Combinations
Filing Type:	Form
Date Submitted:	09/01/2015
SERFF Tr Num:	LCST-130224962
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	AWSIC-CA-DC-1501F
Effective Date	On Approval
Requested (New):	
Effective Date	On Approval
Requested (Renewal):	
Author(s):	Lana Begunova-Struve, ACP, AINS, AIS, IR
Reviewer(s):	Angela King (primary)
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

State:	District of Columbia	Filing Company:	Allied World Specialty Insurance Company
TOI/Sub-TOI:	20.0 Commercial Auto/20.0000 Commercial Auto Combinations		
Product Name:	Commercial Auto		
Project Name/Number:	Company Name Change/AWSIC-CA-DC-1501F		

General Information

Project Name: Company Name Change	Status of Filing in Domicile:
Project Number: AWSIC-CA-DC-1501F	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 09/02/2015	
State Status Changed:	Deemer Date:
Created By: Lana Begunova-Struve, ACP, AINS, AIS, IR	Submitted By: Lana Begunova-Struve, ACP, AINS, AIS, IR
Corresponding Filing Tracking Number: N/A	

Filing Description:

Allied World Specialty Insurance Company ("Company") revises declaration pages CA 00003 00.

The revision reflects company name change from Darwin National Assurance Company to Allied World Specialty Insurance Company.

Company and Contact

Filing Contact Information

Lana Begunova, ACP, AINS, AIS, President lbegunova@lanovaconsulting.com
& Consultant
10323 Woodbine St. # 407
Los Angeles, CA 90034

323-977-9562 [Phone]
516-977-9562 [FAX]

Filing Company Information

(This filing was made by a third party - lanovaconsulting)

Allied World Specialty Insurance Company	CoCode: 16624	State of Domicile: Delaware
1690 New Britain Ave Suite 101	Group Code: 3239	Company Type:
Farmington, CT 06032	Group Name:	State ID Number:
(860) 284-1300 ext. [Phone]	FEIN Number: 56-0997452	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State:	District of Columbia	Filing Company:	Allied World Specialty Insurance Company
TOI/Sub-TOI:	20.0 Commercial Auto/20.0000 Commercial Auto Combinations		
Product Name:	Commercial Auto		
Project Name/Number:	Company Name Change/AWSIC-CA-DC-1501F		

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Business Auto Declarations	CA 00003 00	07/15	DEC	Replaced	Previous Filing Number:		0.000	CA 00003 00 (07-15) - AWSIC Commercial Auto Declarations.pdf
							Replaced Form Number:			

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other



POLICY NUMBER:

BUSINESS AUTO DECLARATIONS

Allied World Specialty Insurance Company
1690 New Britain Avenue, Suite 101
Farmington, Connecticut 06032
Tel. (860) 284-1300
Fax. (860) 284-1301

Producer:

ITEM ONE

Named Insured:	
Mailing Address:	
Policy Period	
From:	
To:	At 12:01 A.M. Standard Time at your mailing address.
Previous Policy Number:	

Form Of Business:

☐
☐

Corporation
Partnership

☐
☐

Limited Liability Company
Other:

☐

Individual

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy.

Premium shown is payable at inception:	\$
Audit Period (If Applicable):	<input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

Endorsements Attached To This Policy:
IL 00 17 – Common Policy Conditions (IL 01 46 in Washington)
IL 00 21 – Broad Form Nuclear Exclusion (Not applicable in New York)

ITEM TWO

Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	Limit	Premium
Liability		\$	\$
Personal Injury Protection (Or Equivalent No-Fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible.	\$
Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement.	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident.	\$
Auto Medical Payments		\$	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In Each Medical Expense And Income Loss Benefits Endorsement.	\$
Uninsured Motorists		\$	\$
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)		\$	\$

ITEM TWO

Schedule Of Coverages And Covered Autos (Cont'd)

Coverages	Covered Autos	Limit	Premium
Physical Damage Comprehensive Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Four For Hired Or Borrowed Autos.	\$
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism. See Item Four For Hired Or Borrowed Autos.	\$
Physical Damage Collision Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto. See Item Four For Hired Or Borrowed "Autos".	\$
Physical Damage Towing And Labor		\$ For Each Disablement Of A Private Passenger Auto.	\$
			\$
		Premium For Endorsements	\$
		Estimated Total Premium*	\$
*This Policy May Be Subject To Final Audit.			

ITEM THREE

Schedule Of Covered Autos You Own

Covered Auto Number:							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							
Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit			Premium		
Liability		\$			\$		
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown			\$		
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement			\$		
Property Protection Insurance (Michigan Only)		Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown			\$		
Auto Medical Payments		\$			\$		
Medical Expense And Income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person			\$		
Comprehensive		Stated In Item Two Minus \$ Deductible Shown			\$		
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown			\$		
Collision		Stated In Item Two Minus \$ Deductible Shown			\$		
Towing And Labor		\$ Per Disablement			\$		

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Covered Auto Number:							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
Purchased:	Original Cost New			\$			
	Actual Cost New (N) Or Used (U)			\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At the Time Of The Loss.							
Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
Liability		\$		\$			
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement		\$			
Property Protection Insurance (Michigan Only)		Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown		\$			
Auto Medical Payments		\$		\$			
Medical Expense And Income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
Comprehensive		Stated In Item Two Minus \$ Deductible Shown		\$			
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown		\$			
Collision		Stated In Item Two Minus \$ Deductible Shown		\$			
Towing And Labor		\$ Per Disablement		\$			

ITEM THREE

Schedule Of Covered Autos You Own (Cont'd)

Covered Auto Number:							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
Purchased:		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
Classification							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At the Time Of The Loss.							
Coverages – Premiums, Limits And Deductibles (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)							
Coverages		Limit		Premium			
Liability		\$		\$			
Personal Injury Protection		Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown		\$			
Added Personal Injury Protection		Stated In Each Added Personal Injury Protection Endorsement		\$			
Property Protection Insurance (Michigan Only)		Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown		\$			
Auto Medical Payments		\$		\$			
Medical Expense And Income Loss Benefits (Virginia Only)		Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person		\$			
Comprehensive		Stated In Item Two Minus \$ Deductible Shown		\$			
Specified Causes Of Loss		Stated In Item Two Minus \$ Deductible Shown		\$			
Collision		Stated In Item Two Minus \$ Deductible Shown		\$			
Towing And Labor		\$ Per Disablement		\$			

ITEM THREE**Schedule Of Covered Autos You Own (Cont'd)**

Total Premiums	
Liability	\$
Personal Injury Protection	\$
Added Personal Injury Protection	\$
Property Protection Insurance (Michigan Only)	\$
Auto Medical Payments	\$
Medical Expense And Income Loss Benefits (Virginia Only)	\$
Comprehensive	\$
Specified Causes Of Loss	\$
Collision	\$
Towing And Labor	\$

ITEM FOUR**Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums**

Liability Coverage – Rating Basis, Cost Of Hire				
State	Estimated Cost Of Hire For Each State	Rate Per Each \$100 Cost Of Hire	Factor (If Liability Coverage Is Primary)	Premium
	\$	\$		\$
Liability Coverage – Rating Basis, Number Of Days – (For Mobile Or Farm Equipment – Rental Period Basis)				
State	Estimated Number Of Days Equipment Will Be Rented	Base Premium	Factor	Premium
		\$		\$
Total Premium				\$

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

ITEM FOUR

Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums (Cont'd)

Physical Damage Coverage

Coverages	Limit Of Insurance		
Comprehensive	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Collision	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$

Total Premium:	\$
----------------	----

ITEM FIVE

Schedule For Non-Ownership Liability

Named Insured's Business	Rating Basis	Number	Premium
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees		\$
	Number Of Partners		\$
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$
Social Service Agencies	Number Of Employees		\$
	Number Of Volunteers		\$
Total Premiums			\$

ITEM SIX**Schedule For Gross Receipts Or Mileage Basis – Liability Coverage – Public Auto Or Leasing Rental Concerns**

Location No:				
(Check One)	<input type="checkbox"/>	Gross Receipts (Per \$100)	<input type="checkbox"/>	Mileage (Per Mile)
Estimated Yearly:				
Rates				
Liability		\$		
Auto Medical Payments		\$		
Medical Expense Benefits (VA Only)		\$		
Income Loss Benefits (VA Only)		\$		
Premiums				
Liability		\$		
Auto Medical Payments		\$		
Medical Expense Benefits (VA Only)		\$		
Income Loss Benefits (VA Only)		\$		

Location No:				
(Check One)	<input type="checkbox"/>	Gross Receipts (Per \$100)	<input type="checkbox"/>	Mileage (Per Mile)
Estimated Yearly:				
Rates				
Liability		\$		
Auto Medical Payments		\$		
Medical Expense Benefits (VA Only)		\$		
Income Loss Benefits (VA Only)		\$		
Premiums				
Liability		\$		
Auto Medical Payments		\$		
Medical Expense Benefits (VA Only)		\$		
Income Loss Benefits (VA Only)		\$		

ITEM SIX**Schedule For Gross Receipts Or Mileage Basis – Liability Coverage – Public Auto Or Leasing Rental Concerns (Cont'd)**

Location No:		
(Check One)	Gross Receipts (Per \$100)	Mileage (Per Mile)
Estimated Yearly:		
Rates		
Liability	\$	
Auto Medical Payments	\$	
Medical Expense Benefits (VA Only)	\$	
Income Loss Benefits (VA Only)	\$	
Premiums		
Liability	\$	
Auto Medical Payments	\$	
Medical Expense Benefits (VA Only)	\$	
Income Loss Benefits (VA Only)	\$	

Total Premiums	
Minimum Liability	\$
Minimum Auto Medical Payments	\$
Minimum Medical Expense Benefits (VA Only)	\$
Minimum Income Loss Benefits (VA Only)	\$
Liability	\$
Auto Medical Payments	\$
Medical Expense Benefits (VA Only)	\$
Income Loss Benefits (VA Only)	\$

Location Number	Address

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- A. Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- B. Advertising revenue.
- C. Taxes which you collect as a separate item and remit directly to a governmental division.
- D. C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

In Witness Whereof, the Insurer has caused this policy to be executed and attested, but this policy shall not be valid unless countersigned by a duly authorized representative of the Insurer.



President



Secretary

AUTHORIZED REPRESENTATIVE

State:	District of Columbia	Filing Company:	Allied World Specialty Insurance Company
TOI/Sub-TOI:	20.0 Commercial Auto/20.0000 Commercial Auto Combinations		
Product Name:	Commercial Auto		
Project Name/Number:	Company Name Change/AWSIC-CA-DC-1501F		

Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Consulting Authorization
Comments:	
Attachment(s):	Lanova Filing Authorization Letter.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	



August 28, 2015

**Re: Allied World Specialty Insurance Company
NAIC Number: 3239-16624
Commercial Automobile Product Submission**

To Whom It May Concern:

Lanova Consulting, LLC is hereby authorized to submit form filings on behalf of Allied World Specialty Insurance Company. This authorization includes providing additional information and responding to questions regarding the filings on our behalf as necessary.

Please direct all correspondences and inquiries related to this filing to Lanova Consulting, LLC at the following address:

Lana Begunova-Struve, Consultant
Lanova Consulting, LLC
10323 Woodbine St., Unit 407
Los Angeles, CA 90034
lbegunova@lanovaconsulting.com
Phone: (323) 977-9562
Fax: (516) 977-9562

Please contact me if you have any questions regarding this authorization.

Sincerely,

A handwritten signature in blue ink that reads 'John R. Wilkens'.

John R. Wilkens, CPCU
VP, Compliance, North American Legal & Compliance Group
Allied World Specialty Insurance Company
Tel: (646) 794-0580
Email: john.wilkens@awac.com